## BEDFORD RECREATION DEPARTMENT

## TOWMA12-00159 iCORI FORM

Amy Hamilton, Director Raeann Gembis, Program Coordinator

Rev 4/15

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Bedford Recre	eation has b	een ce	rtified by	the Departr	ment of Crimir	nal Justic	e Informati	on Services fo	r
access to conv	g crimina	As a prospective employee/volunteer <i>(please</i>							
circle) for th		, I understand that a criminal record check will be							
conducted for	conviction	and pe	nding cri	minal case i	nformation on	ly and th	nat it will no	t necessarily	
disqualify me.	The inforr	nation	below is	correct to th	ne best of my	knowled	ge.		
			Prospect	spective Employee/Volunteer Signature					
	enable yo	u to co identit	orrect yo	ur record seen stolen		elieve t ly used.	hat the in		
		APPL	<u>ICANT</u>	INFORMA *Require	TION (PLEA ed Fields	ASE PRI	<u>INT)</u>		
Last Name*			First Name* (FULL NAME) Middle Initial*						
MM DD  Date of Birth*			X X X						
Father's Name			Mot	her's Name		Mother's Maiden Name			
Address*:									
Sex:	Height:	ft	in.	Weight	Eye	Color _			
State Driver's	License #:								
The above inforr	nation was ve	rified by	reviewing	the following	form of governm	nent issued	photographic	e identification:	
Identity Theft	Index PIN	(if appl	icable): _						
Requested by	:	-f :COT	T A. H.	:					
	Signature	OT ICUH	ki Author	izea Emplov	ree				